

Application For Bicycle Clinic

Please fill in all areas of the form below:

Child's Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Age: _____

Parent / Guardian: _____

Family Doctor: _____

Hospital Preference: _____

List any handicaps or physical ailments: _____

I will provide a helmet for my child: yes ☐ no ☐

Please list your date preference below:

Please pick your 1st choice date and location _____

Please pick your 2nd choice date and location _____

Please pick your 3rd choice date and location _____

You will be notified of your assigned date of attendance via mail.

Please Read Carefully

The undersigned parent and/or guardian of the above named applicant, and for such applicant and for myself, my heirs and assigns, hereby releases, discharges and forever holds harmless the City of Wichita, its servants and agents, and the Wichita Police Department and all members thereof from any and all damages or claims for personal injury or otherwise which may arise by reason of the above applicant's receiving bicycle training from the Wichita Police Department.

Signature of parent or legal guardian

The clinics will begin promptly at 8:00 a.m. each morning.

Please return this form as soon as possible to

**Police/School Liaison Program
The Wichita Police Department
455 N. Main
Wichita, Ks 67202**